





scaling up
practices, tools, and
approaches in the
maternal and neonatal health program

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The Maternal and Neonatal Health (MNH) Program is committed to saving mothers' and newborns' lives by increasing the timely use of key maternal and neonatal health and nutrition practices. The MNH Program is jointly implemented by JHPIEGO, the Johns Hopkins Center for Communication Programs, the Centre for Development and Population Activities, and the Program for Appropriate Technology in Health. www.mnh.jhpiego.org

JHPIEGO is a nonprofit international health organization dedicated to improving the health of women and families. Established in 1973, JHPIEGO—affiliated with Johns Hopkins University and headquartered in Baltimore, Maryland—works in more than 30 countries through its collaborative partnerships with public and private organizations, and local communities.

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THE MNH PROGRAM: STRATEGY AND APPROACH

This report documents how the MNH Program has scaled up practices and approaches at the global, regional, and country levels, and provides a qualitative description of the Program's expanded reach, breadth, impact, and sustainability.

Since 1998, the Maternal and Neonatal Health (MNH) Program has worked to build a strategy responsive to the complexities of programming for safe motherhood. Central to the MNH Program approach is support for the use of key evidence-based maternal and neonatal care practices that build on global lessons learned about how to save the lives of mothers and newborns. The Program's three technical components—clinical services, behavior change interventions, and policy—provide interventions to support the appropriate use of these practices.

The MNH Program's clinical services and policy interventions include establishing clinical standards of care, educating and training providers, and strengthening service delivery sites through performance and quality improvement. The Program's behavior change interventions complement the clinical services and policy components by facilitating behavioral and normative change at all levels of the healthcare system and community to increase access to, demand for, and the use of skilled life-saving care. Improving birth preparedness and complication readiness (BP/CR)—a strategy that emphasizes shared responsibility among policymakers, facilities, providers, communities, families, and women for maternal and newborn survival—provides the focus for the Program's work in all three technical areas.

The MNH Program is currently working in 11 countries in Africa, Asia, and Latin America. Country-level program interventions are mutually supportive and are guided and supported by the Program's global agenda. The MNH Program contributes to the international safe motherhood effort by:

- Establishing and promoting international evidence-based standards for essential maternal and newborn care through global partnerships
- Improving the quality of skilled attendance by implementing international evidence-based standards and guidelines in national policy, curricula, and competency-based training
- Generating shared responsibility and coordinated action among policymakers, health facilities, providers, communities, families, and women through birth preparedness and complication readiness
- Scaling up evidence-based safe motherhood practices, tools, and approaches by collaborating with global and national partners
- Building the evidence base for social and behavior change interventions that generate informed demand and collective action for safe motherhood

Partnerships and collaboration are central to Program success. At both the global and the country level, partnerships have facilitated expanded programming for maternal and newborn health. This report documents how the MNH Program has scaled up practices and approaches at the global, regional, and country levels, providing a qualitative description of the Program's expanded reach, breadth, impact, and sustainability.

WHAT IS SCALING UP?

Scaling up generally refers to increasing a program or initiative's impact while maintaining its quality. The way scale-up occurs in programs operated by nongovernmental organizations was the subject of a 1996 article by Peter Uvin and David Miller, in which the authors introduce a taxonomy of scale-up that includes four broad categories—quantitative, functional, political, and organizational. In 1999, the MotherCare project first applied Uvin and Miller's taxonomy to safe motherhood programming by using it to describe MotherCare's approaches in Guatemala and Bolivia. This report uses the same four scale-up categories as a framework for describing the expansion of the MNH Program's practices and approaches.

Increasing the numbers of clients reached by a program, or **quantitative scale-up**, can be achieved in a number of ways. A program can reach new clients through the addition of a new target audience, expansion into a new geographic area, or the adoption and use of its program materials, tools, and approaches by other organizations. Quantitative scale-up can have an immediate impact at the client level.

An organization can also scale up by expanding its program breadth. This type of scale-up, **functional scale-up**, refers to an expansion in the number and types of technical areas included in a program. Functional scale-up usually occurs when a government agency or donor recognizes the quality of an organization's work and, as a result, asks that organization to expand the type of work it is doing within a country or region. Functional scale-up helps ensure that a program is addressing a broad range of technical areas that are crucial to increasing program impact.

A program can also scale up politically. **Political scale-up** refers to the ability to address national-level barriers to effective programs and services—such as healthcare services. National-level barriers to high-quality healthcare include the limited availability or use of efficient processes, the limited availability or use of up-to-date, clear policies and guidelines for planning healthcare services, and a lack of standardization

¹ Uvin P. and D. Miller. 1996. Paths to scaling-up: Alternative strategies for local nongovernmental organizations. Human Organization 55 (3): 344-354.

² Scaling-up MotherCare, MotherCare Matters 8 (2): 1-18. 1999.

When scale-up occurs synergistically, program impact, strength, and sustainability are enhanced, ultimately leading to an important, lasting program legacy. in materials and techniques used in preservice education and inservice training. Political scale-up requires the active involvement of key stakeholders and decision-making bodies within the government. It often results in the institutionalization of evidence-based tools, products, strategies, and approaches that help to standardize practices and strengthen service delivery systems.

Finally, a program can also scale up by improving its own or another organization's ability to continue to support an initiative in an effective and sustainable manner. This type of scale-up, **organizational scale-up**, is accomplished when an organization diversifies and/or stabilizes its funding base, establishes or increases the number of financing schemes it uses, or builds strategic alliances with other organizations to increase resources and programmatic impact. In addition, organizational scale-up can occur when an organization builds the technical and management capacity of an incountry agency in order to sustain programmatic efforts.

An organization can scale up in any of the ways above at the same time, and each type of scale-up is equally important. Scale-up can also occur synergistically. For example, if an organization builds strategic relationships with other agencies in order to increase program effectiveness, this can also lead to the adoption and expansion of program approaches by key partners at no expense to the original agency, which is considered quantitative scale-up. Likewise, if a program builds government support for an initiative, or scales up politically, the support garnered can lead to program expansion. The result of this synergy is that program impact, strength, and sustainability are enhanced, ultimately leading to an important, lasting program legacy.

MNH PROGRAM SCALE-UP: GLOBAL, REGIONAL, AND COUNTRY EXAMPLES

Scale-up is crucial to ensuring broad-based programming and the achievement of program results and long-term impact. The MNH Program is increasing its reach and impact using quantitative, functional, political, and organizational approaches in its country programs, in regional coalitions and partnerships, and in its work with other international organizations involved in safe motherhood. (A full list of MNH Program scale-up at the country level is featured in the **Appendix**.)

Quantitative Scale-Up

MNH Program-developed resources have been adopted and used by other organizations both globally and at the country level. At the same time, country programs are extending their reach through geographic expansion. Strategies used to facilitate this scale-up include building collaborative relationships with other safe motherhood organizations, advocating for the use of Program products, tools, and approaches by

key incountry governmental and nongovernmental agencies, readily sharing materials based on best practices and international standards, and demonstrating program effectiveness in specific settings to garner support and funding to expand successful initiatives to a wider audience.

Global level

At the global level, the MNH Program is collaborating with a range of agencies such as the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), the Malaria Action Coalition (MAC), United Nations Population Fund (UNFPA), the Global Health Council, NGO Networks, and Columbia University's Averting Maternal Death and Disability (AMDD) program. These partnerships facilitate the advancement of new initiatives such as the prevention and management of postpartum hemorrhage and prevention and control of malaria during pregnancy; the development, dissemination, and use of international evidence-based service delivery guidelines; sharing of technical resources for programming in both MNH Program and non-Program countries; and resource mobilization for broader programming globally and at the country level. The following MNH Program global safe motherhood investments are currently being used by other organizations:

- Expert trainers in Africa, Asia, and Latin America
- Birth Preparedness and Complication Readiness: A Matrix of Shared Responsibility (BP/CR Matrix), a poster showing the actions that women, families, communities, healthcare providers and facilities, and policymakers can take to save the lives of women and newborns
- Awareness, Mobilization, and Action for Safe Motherhood: A Field Guide, a
 product of the White Ribbon Alliance (WRA) developed with
 assistance from the MNH Program
- The Prevention and Control of Malaria during Pregnancy Reference Manual and Clinical Learning Materials

The Program also worked closely with WHO to develop Managing Complications in Pregnancy and Childbirth: A Guide for Midwives and Doctors (MCPC) and continues to ensure its broad distribution and use. In addition, the Program collaborated with WHO to write a second manual, Managing Newborn Problems: A Guide for Doctors, Nurses, and Midwives. Both documents are part of WHO's Integrated Management of Pregnancy and Childbirth (IMPAC) series and set the international standard for evidence-based care. To facilitate training using the standards outlined in MCPC, the Program developed a companion learning resource package and will do the same for the Managing Newborn Problems manual.

The MNH Program has been able to influence the quality of skilled care in a number of countries by using manuals like *MCPC* to implement international evidence-based standards and guidelines in national policy,

curricula, and competency-based training. This is particularly evident in MNH Program countries such as Afghanistan, Indonesia, Peru, and Zambia, and in other countries such as Bangladesh, Bhutan, and Pakistan where the MCPC manual was used by the MNH Program to develop AMDD's Emergency Obstetric Care manual and to train doctors and midwives with the Program's competency-based training approach.

Other international evidence-based standards such as the *Prevention and Control of Malaria during Pregnancy* Reference Manual and Clinical Learning Materials are available to organizations for their use. This resource package will be used broadly in Africa as one important initiative in the Roll Back Malaria partnership to achieve the 2000 Abuja Declaration goal of reaching 60 percent of pregnant women at risk for malaria with available control tools by 2005.

The MNH Program's expert trainers use and advocate for maternal and newborn best practices in their home institutions and more broadly through their influence in their regions.

To further support the expanded use of evidence-based practices, the MNH Program has invested in the development of core groups of expert trainers in Africa (16 trainers), Asia (24 trainers), and Latin America (18 trainers). These experts, from both Program and non-Program countries, use and advocate for maternal and newborn best practices in their home institutions and throughout their regions. In Africa and Latin America, 30 different organizations, including Linkages, Save the Children, Family Care International, UNICEF, UNFPA, Mercy Corps, Project HOPE, and local ministries of health, have used the experts to train providers in Burkina Faso, Ecuador, Ghana, Guatemala, Haiti, Honduras, Malawi, Nicaragua, Paraguay, Peru, Tanzania, Uganda, Uruguay, and Venezuela.

The Program's BP/CR Matrix is being used as a programming tool in MNH Program countries and beyond. Most recently, the matrix was used in Haiti to guide planning efforts by the U.S. Agency for International Development (USAID) bilateral program, HS2004. In China, the matrix was translated and used by program planners to map out a district-level safe motherhood strategy. AusAid supported the effort, and the MNH Program provided technical assistance. Plans have also been developed to use the matrix in Tajikistan, Ukraine, and Uzbekistan.

The Program also provides strategic guidance and support to the global WRA, which has grown to 23 countries in 3 years. To provide organizations working in developing countries with practical guidance on how to become involved in safe motherhood and the WRA, the MNH Program, in partnership with NGO Networks, supported the development of *Awareness, Mobilization, and Action for Safe Motherhood: A Field Guide.* The field guide was distributed to the 23 WRA countries and was later used by the India WRA to develop a new safe motherhood field guide, *Saving Mother' Lives: What Works—A Field Guide for Implementing Safe Motherhood Best Practices.* India's field guide was presented along with the BP/CR Matrix to more than 500 meeting participants from 35 countries at the global WRA conference held in October 2002 in Delhi.

Country Level

At the country level, the MNH Program has expanded geographically in Burkina Faso, Guatemala, Haiti, Honduras, Indonesia, Tanzania, and Zambia, increasing its reach to a greater number of clients in each country. For example, after the successful implementation of a performance and quality improvement (PQI) initiative in four sites in Burkina Faso, MNH/Burkina Faso was asked to expand to nine additional facilities. Based on the number of women of reproductive age within the catchment areas of the initial four and nine added sites, the expansion has allowed the MNH Program to double its reach from 20,205 to 42,767 women of reproductive age. A similar impact was made in Guatemala. Although the original program mandate was to strengthen 159 facilities, the Program is expanding to 75 additional sites through collaboration with the Guatemalan Ministry of Health (MOH) and organizations such as CARE, Project HOPE, and World Doctors. The expansion means that an additional 392,931 people can potentially be reached through this intervention.

The expansion of the MNH Program's PQI initiative in Burkina Faso has allowed the Program to extend its reach from 20,205 to nearly 43,000 women of reproductive age. Expansion to 75 new sites in Guatemala means that the Program can potentially reach nearly 393,000 additional people.

Program reach has also been extended in Honduras, where the MNH Program uses the PQI approach to strengthen essential maternal and newborn care services in hospitals. This initiative originally started in 2001 at Hospital del Occidente in Santa Rosa de Copan within Health Region Five. Once regional directorates and facilities managers saw how the PQI initiative fostered teamwork and helped the hospital staff easily identify ways in which their hospital could be improved, the MOH asked the MNH Program to expand the initiative to two additional hospitals within the same region. In addition, the PQI process is now being implemented in three hospitals in Health Region Two. Overall, this initiative now covers 20 percent of the Honduran population, which translates to 388,800 women of reproductive age. Requests for the expansion of the initiative continue.

In addition to expanding geographically, materials and approaches developed at the country level have been adopted and are being used by other programs and agencies in Burkina Faso, Guatemala, Indonesia, Nepal, and Zambia. Again, partnering with incountry agencies has been essential to the Program's ability to scale up. For example, in Zambia, MNH/Zambia materials were used by SIDA to revise a training curriculum, by WHO to develop a reproductive health inservice training package, and by the University of Alabama to enrich a life-saving skills initiative. In Nepal, the DFID-funded Nepal Safe Motherhood Project (NSMP) broadcast seven safe motherhood radio dramas developed by the MNH Program on local radio stations. (The SUMATA campaign is a media campaign that disseminates safe motherhood messages about issues such as the importance of birth preparedness, male involvement, and essential obstetric care.) In this way, the MNH Program contributed to increasing the impact of the SUMATA campaign, without incurring additional expenses. NSMP and UNICEF covered the cost of additional

copies of printed materials, which are also part of the national SUMATA campaign. In both of these cases, partner initiatives using MNH Program country products have made these products more widely available to women and their families.

Functional Scale-Up

The MNH Program has increased its technical and programmatic breadth through global efforts, such as the Malaria Action Coalition; within country programs in Burkina Faso, Haiti, Honduras, Indonesia, Tanzania, and Zambia; and through the Regional Center for Quality of Health Care (RCQHC) located in Uganda. By increasing the types of technical initiatives implemented globally and at the country level, the MNH Program has ensured that many of the necessary components of an effective safe motherhood initiative are in place. This technical expansion, or functional scale-up, has been accomplished through advocacy, demonstration of the cost-effectiveness of MNH Program approaches, and the development of mutually beneficial and productive relationships across sectors.

By increasing the types of technical initiatives implemented globally and at the country level, the MNH Program has ensured that many of the necessary components of an effective safe motherhood initiative are in place.

Recognizing the importance of linking malaria control programs to reproductive health programs in order to effectively manage malaria during pregnancy, the Roll Back Malaria initiative is actively partnering with WHO's Making Pregnancy Safer initiative. Because the MNH Program has a platform for action at the country level, WHO and USAID invited the Program to participate in the Roll Back Malaria partnership. The Program was also asked to participate in the formation of the Malaria Action Coalition—a partnership among WHO, CDC, the MNH Program, and the Rationale Pharmaceutical Management Plus (RPM-Plus) project. The MAC is designed to support the global malaria agenda and to provide technical assistance to a range of African countries. The MNH Program will provide technical support to Ghana, Kenya, Madagascar, Nigeria, and Rwanda as they launch their malaria management efforts.

In support of malaria programming in east and southern Africa, the RCQHC's MNH Program-funded scope has expanded from designing and holding short courses on maternal and newborn health to acting as the secretariat to the Malaria in Pregnancy East and Southern Africa (MIPESA) Coalition. The MIPESA Coalition, which includes representatives from Kenya, Malawi, Tanzania, Uganda, and Zambia and receives technical support from WHO, CDC, USAID, and others, has the capacity to influence malaria during pregnancy policy and its implementation throughout the eastern and southern Africa region and thus to bring about a reduction of low birthweight due to malaria during pregnancy, a major cause of neonatal mortality.

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In Haiti, the MNH Program expanded its programmatic base to include work with the national midwifery school to introduce the partograph and active management of the third stage of labor. The partograph is now included in a module of the national midwifery curriculum. As a result, the MNH Program has contributed to strengthening the knowledge and skills of newly graduating midwives, an important first step in institutionalizing essential maternal and newborn care practices. Ultimately, this change will increase the MNH Program's ability to improve maternal and newborn health in Haiti.

In Tanzania, the Program has been asked to expand the scope of program activities to include work with the private sector for improved antenatal care and support for preservice training for maternal and newborn health. In Burkina Faso, following a research study with CDC that looked at the prevalence of malaria during pregnancy and measured the effectiveness of chloroquine in one district, the Program is supporting a district-level pilot intervention using intermittent preventive treatment with sulfadoxine-pyrimethamine (SP) for preventing malaria during pregnancy.

Political Scale-Up

The MNH Program has worked to reduce national-level barriers to effective service delivery using strategies such as multi-agency collaboration; advocacy at the national and district levels; development of standards, guidelines, materials, and approaches that are user-friendly and easily adapted to a specific country's context; participation on national committees charged with developing long-term safe motherhood strategies; and development of strategic relationships with government bodies that are responsible for standardizing national service delivery approaches and guiding the education and training of healthcare professionals.

In Bolivia, MOH approval of Ministerial Resolution 0496, which was drafted by the MNH Program, led to the adoption of 18 updated maternal and newborn healthcare practices, including active management of the third stage of labor, and birth preparedness and complication readiness counseling. The adoption of this resolution eliminated national-level barriers to high-quality healthcare for mothers and newborns. Similarly, in Guatemala, the MNH Program worked at both the district and national levels to build stakeholder support for the PQI process. The PQI process instituted by the MNH Program was formally endorsed by a ministerial agreement signed by the Minister of Health in 2001, and reports suggest that as many as 30 percent of the new interventions proposed for the PQI process are already being financed in several districts with MOH resources. In Zambia, MNH Program advocacy for the use of SP (instead of chloroquine) for the intermittent preventive

treatment of malaria during pregnancy also resulted in a national policy shift.

In Tanzania, national barriers to effective service delivery were reduced through the development and adoption of the National Package of Reproductive and Child Health Interventions (NPERCHI), a document that states the minimum package of essential maternal and newborn care, reproductive, and child health services that should be offered at each level of the service delivery system. The MNH Program developed the NPERCHI using evidence-based best practices and international standards. The official use of the NPERCHI will help guide national-level programmers and district health management teams as they plan for, monitor, and evaluate maternal and newborn healthcare services throughout the country.

The MNH Program in Zambia revised the national registered midwifery curriculum and strengthened all three registered midwifery schools and their 14 clinical training sites, which has helped to standardize midwifery training nationally.

The MNH Program has also reduced barriers to service delivery by standardizing national preservice curricula. For example, in Zambia the MNH Program revised the registered midwifery curriculum and strengthened all three registered midwifery schools and their 14 clinical training sites, which has helped to standardize midwifery training nationally and thus to provide midwives with updated, appropriate knowledge and skills in maternal and newborn healthcare.

Organizational Scale-Up

The MNH Program has improved its ability and the ability of other agencies to manage, implement, expand, and sustain technical initiatives in Afghanistan, Bolivia, Burkina Faso, Guatemala, Haiti, Honduras, Indonesia, Nepal, RCQHC/Uganda, Tanzania, and Zambia. The Program has achieved this organizational scale-up through strategies such as diversifying funding bases, building management capacity, establishing cost-recovery mechanisms within strategic incountry institutions, and developing external linkages that have led to the implementation of collaborative projects with increased resources and programmatic reach.

Through its role in the WRA, the MNH Program has built strategic relationships with NGO Networks for Health, the Global Health Council, and UNFPA, which have strengthened the alliance's financial and technical resources. As a result of building these partnerships, the global WRA has now expanded to 23 countries worldwide and has built the organizational capacity of numerous WRA country chapters.

In Burkina Faso, the MNH Program has developed a strong collaborative relationship with PLAN International, the SAREDO Project, the West Africa Health Organization (WAHO), the Peace Corps, UNICEF, and CDC. These relationships have brought with them increased resources for programming. For example, the Program successfully negotiated with PLAN and UNICEF to provide essential obstetric supplies and equipment for the Program's 13 district-based health centers.

With MNH Program support, Nepal's Patan Hospital Birthing Center strengthened its clinical training site as a national training site for auxiliary nursemidwives.

In Nepal, with significant funding from the United Nations Foundation, the MNH Program and UNFPA designed a technical assistance strategy in support of His Majesty's Government to promote maternal and newborn survival through the adoption of appropriate behaviors and increased use of high-quality health services. Also in Nepal, the MNH Program helped to improve the financial capacity of Patan Hospital Birthing Center. With the Program's support, the Center strengthened its clinical training site as a national training site for auxiliary nursemidwives. This initiative included a cost-recovery model for the Center whereby training is provided for a fee. This model will help the birthing center maintain regular stocks of important supplies and sustain high-quality services, as well as meet national training needs over time.

In Afghanistan, the Program has benefited from complementary funding from UNICEF to support strengthening and standardizing curricula and clinical training courses for midwives in the Ministry of Public Health's Intermediate Medical Education Institute (IMEI) and for the training of a new cadre of skilled healthcare provider, the auxiliary midwife.

CASE STUDY: IMPROVING THE HEALTH OF WOMEN AND CHILDREN IN INDONESIA BY SCALING UP KEY MNH PROGRAM INITIATIVES

With the overall goal of improving the health of women and children, the MNH Program in Indonesia focuses on preventing and treating complications of pregnancy, and developing community responsibility for the promotion of maternal survival. The main programmatic strategies used to achieve the program goal are

- Influencing key policies at the national level,
- Creating model training and service delivery sites,
- Developing a core group of maternal healthcare experts and trainers, and
- Heightening community awareness of interventions that promote maternal and newborn survival.

MNH/Indonesia has produced significant results to date in the training, service delivery, behavior change, and social mobilization arenas. This success is partly due to important collaborative relationships established with organizations such as the Asian Development Bank, the Ford Foundation, UNFPA, the World Bank, and AusAid. Success can also be attributed to the scale-up of effective interventions.

By developing linkages with organizations. assisting agencies in adopting and using products developed by the MNH Program in Indonesia, and garnering resources from a variety of other donors, MNH/Indonesia has been able to promote safe motherhood messages and has expanded its audience from one province to the whole country.

One of MNH/Indonesia's major achievements has been the expansion of the SIAGA campaign, an MNH Program-developed initiative that promotes birth preparedness and complication readiness at all levels. The reach of this communications initiative has been effectively expanded through quantitative and organizational scale-up. The Suami Siaga (Alert Husband) concept was developed through seed money provided by UNFPA, to which the MNH Program added resources to develop both the Bidan Siaga (Alert Midwife) and the Warga Siaga (Alert Community) campaigns. The World Bank has used its resources to air more television hours of Suami Siaga, and Aus Aid has replicated the Bidan Siaga model in remote eastern provinces of the country. UNICEF is designing a national information, education, and communication strategy, the centerpiece of which will be the Desa Siaga (Alert Village) model. In addition, WHO adapted the SIAGA messages as its communication strategy in the national Making Pregnancy Safer initiative. Thus, by developing linkages with a number of organizations, assisting agencies in adopting and using products developed by the MNH Program in Indonesia, and garnering resources from a variety of other donors, MNH/Indonesia has been able to promote the messages of maternal survival, birth preparedness, and complication readiness, and has expanded its audience from one province to the whole country.

The MNH Program in Indonesia has also scaled up products and approaches developed through its training initiative (i.e., quantitative scale-up). In order to ensure that evidence-based standards and competency-based training are embedded in all Indonesian training efforts, the MNH Program promoted the National Clinical Training Network. The government of Indonesia now recognizes the Network as the official body for all reproductive health and maternal health training. Training and model service delivery sites strengthened by MNH/Indonesia and used within the clinical training network are also now being used by the Indonesian MOH and organizations such as UNFPA to train providers in West Java. This helps to ensure that training approaches, regardless of the implementing agency, are based on best practices and standardized approaches. The MOH has also adopted most of the MNH/Indonesia postabortion care strategy and training materials, using Asian Development Bank funds, to provide postabortion care in 16 additional provinces outside the MNH Program area.

The MNH Program in Indonesia has also worked to create a body of evidence-based clinical material that can be used either in preservice settings or inservice training. The reach of these materials has been expanded as a result of their adoption by key government bodies and other organizations. For instance, the leading medical school in Indonesia has used its own resources to adapt the postabortion care materials developed by the MNH Program and incorporate them into its preservice medical school curriculum. Similarly, the Indonesian Midwifery Association adapted the Program's materials for interpersonal counseling and included them in the core curriculum in the preservice

midwifery academies. These same materials were also used by UNICEF in Papua, the most remote and challenging service delivery environment in Indonesia, and by AusAid in NTB province.

In addition to expanding its reach to clients in need, MNH/Indonesia has increased its programmatic and technical breadth, thus ensuring that an array of essential safe motherhood initiatives are implemented. For example, the Program is now taking the lead on malaria in pregnancy in Indonesia and has incorporated the entire gamut of postabortion care services into its programming efforts. The Program has also contributed to newborn policy through working with the MOH to revise the Integrated Management of Childhood Illness principles, and will be looking at the integration of HIV/AIDS prevention and management into safe motherhood services.

As a result of the MNH Program's involvement in national working groups, the Indonesian MOH issued a declaration that the MNH Programsupported Practical Guidelines for Maternal and Neonatal Health, which is adapted from the MCPC manual, should become the national standard operating procedures for maternal and neonatal healthcare.

MNH/Indonesia's influence and ability to scale up continues through political means as well. In order to achieve coherent national strategies that build on the MNH Program's experience, members of the MNH/Indonesia staff participate in six national working groups. The groups, which develop the standards and strategies for Indonesia and influence donor programs, include the committee for the development of a national newborn strategy; a working group for the development of alternative funding mechanisms to sustain village midwives; a small group developing the national communications strategy for safe motherhood under UNICEF guidance; the national committee for developing the Making Pregnancy Safer initiative; the coalition for malaria programs in Indonesia; and a group focusing on materials standardization. As a result of the MNH Program's involvement in these national working groups, the MOH issued a declaration that the MNH Program-supported *Practical* Guidelines for Maternal and Neonatal Health, which is adapted from the MCPC manual, should become the national standard for maternal and neonatal healthcare. They further declared that the normal delivery care manual, which was created by the MNH Program, would be used as the standard for training for all midwives in Indonesia. The MNH Program also improved the national midwifery standards, initially drafted by SEARO, to conform to MCPC material. The MOH and the Indonesian Midwifery Association have now promoted these standards throughout the country.

Finally, the MNH Program's successful scale-up in Indonesia is attributable to its ability to secure the investment of resources for MNH Program strategies. Through the WRA and a network of community facilitators, for example, the MNH Program has been instrumental in influencing the MOH, at both the provincial and the district level, to commit more than \$1.5 million to promote maternal health in West Java. These funds have been set aside to pay for services needed in the treatment of complications, but they can also be used for other maternal health activities.

By broadening the program scope, promoting key policy changes, and working to increase organizational strength, MNH/Indonesia has substantially increased its impact while maintaining the quality of its program. The program's impact will continue into the future as MNH/Indonesia continues to play a vital role in shaping national policies and standards. The ultimate beneficiaries will be Indonesian women and children, because women can expect community support for their pregnancies and childbirth services from providers who adhere to international standards.

CONCLUDING STATEMENT

The MNH Program is contributing to the improvement of maternal and newborn healthcare and demand for services through direct technical assistance to countries and through a broad global agenda. Central to Program success are effective partnerships globally, regionally, and at the country level. The Program has been able to scale up initiatives and interventions in all four ways—quantitatively, functionally, politically, and organizationally—to ensure that:

- Global partners are mobilized for effective programming,
- International evidence-based standards are available globally and at the country level,
- An array of essential maternal and newborn care services and products are more widely available, and women and their families have expanded access to these services,
- National-level barriers to high-quality care have been reduced through the development of policies, guidelines, planning, and education systems, and
- Safe motherhood programming is sustained over time.

APPENDIX

SUMMARY OF MNH PROGRAM COUNTRY-LEVEL SCALE-UP ACTIVITIES

Country Program	Quantitative	Functional	Political	Organizational
Afghanistan		Designed residency curriculum for third-year midwifery students Assisting in design of a new national midwifery curriculum, as part of MOH effort to rebuild midwifery education in Afghanistan	Developing new cadre of skilled maternal and newborn healthcare provider, the auxiliary midwife, for scaling up nationally Designing national human resource development strategy for safe motherhood with UNICEF Developing national infection prevention strategy	Collaborating with UNICEF, MOH, Aga Khan Development Network, International Medical Corps, and HealthNet International
Bolivia		Expanded SUMA 911, a decentralized emergency transportation system, to include response to all types of emergencies	Drafted Ministerial Agreement 0496, which was adopted and supports 18 key practices in maternal and newborn care Assisted in development of maternal mortality surveillance system Worked with National Health Insurance to include key essential maternal and newborn care supplies in their program	Collaborated with Italian Cooperation, UNFPA, WHO, and Save the Children

Country Program	Quantitative	Functional	Political	Organizational
Burkina Faso	Expanded to nine additional facilities MNH Program expert trainer and materials and methods used by Family Care International in training program Regional Health Director of Tenkodogo district funded expansion of MNH/Burkina pilot program to that district UNICEF funding expansion of the MNH/Burkina PQI initiative in Tenkodogo and Koupela districts		Developed and launched National Norms and Protocols Introducing partograph nationally	Collaborating with PLAN International, Peace Corps, WAHO, UNICEF, SAREDO, and CDC
Guatemala	Expanding PQI process to 75 additional sites through work with organizations such as CARE, Project HOPE, World Doctors, Mercy Corps, WHO, Vivamos Mejor, the Military Medical Center, and the MOH		Ministerial agreement in 2001 formally endorsed PQI Redesigned curricula for all eight nursing schools in the country Developed a national strategy adopted by the MOH calling for first line health professionals to implement evidence-based clinical interventions Designed national protocol for organizing forums and developing community emergency plans for safe motherhood MNH Program-promoted clinical interventions now included in updated national facility norms and protocols	Created linkages with a number of external agencies such as CARE, HOPE, World Doctors, Mercy Corps, and WHO

Country Program	Quantitative	Functional	Political	Organizational	
Haiti	Expanded to two additional sites	Introduced partograph and active management of third stage of labor into preservice midwifery curriculum; partograph now featured within the curriculum	Helped to develop national safe motherhood strategy Developing national indicators for antenatal care	Collaborating with PAHO, HS 2004, Haitian Health Foundation, Centre de Development de Sante, and UNFPA	
Honduras	Expanded the PQI process to five additional hospitals and six maternal clinics in two health regions	Strengthening the curricula at select nursing and medical schools	Developing national norms and protocols in maternal and newborn care	Working in close collaboration with UNFPA, PAHO, and other NGOs to update the national norms	
Indonesia	Expanded WRA to include five new chapters and approximately 225 members SIAGA campaign and infection prevention materials adopted by villages, the MOH, preservice institutions, and outside organizations MNH Programdeveloped model training and service delivery sites used by the MOH, UNFPA, and others	Malaria during pregnancy, postabortion care, HIV/AIDS, Integrated Management of Childhood Illness, and misoprostol research added into technical program base Material development activities expanded to include infection prevention and management of newborn manuals	Worked to expand role of midwife to provide oxytocin during third stage of labor and support services aimed at managing complications due to early bleeding in pregnancy Influence policy through participation on six national working groups Advocacy resulted in expanded maternal health budgets in three districts Developed Practical Guidelines for Maternal and Neonatal Health, now the national standard	Collaborate with the Asian Development Bank, the Ford Foundation, UNFPA, the World Bank, and AusAid	
Nepal	MNH/Nepal materials have been used by other organizations such as Nepal Safer Motherhood Project, Saving Newborn Lives, UNICEF, and United Mission to Nepal MNH Programdeveloped radio messages broadcast by DFID		Contributed to development of national inservice refresher training packages for maternal and child health workers and auxiliary nurse midwives As member of safe motherhood subcommittee, helped develop 15-year safe motherhood plan, safe motherhood training and IEC strategies, neonatal strategy, and skilled attendance strategy	Through the safe motherhood subcommittee, collaborated with Her Majesty's Government family health division, the national health training center, and the national education, information and communication center Developed a cost-recovery model at Patan Hospital Birthing Center as part of training site strengthening initiative Collaborate with the UNFPA	

Country Program	Quantitative	Functional	Political	Organizational
Peru			Updated national reproductive health guidelines	
RCQHC/ Uganda		Secretariat for MIPESA Coalition	Through the MIPESA Coalition, helping to influence malaria policy in region	Collaborate with WHO, CDC, and RPM-Plus
Tanzania	Expanded to six additional districts	Added antenatal care and essential maternal and newborn care in preservice into program base	Developed and launched NPERCHI	Collaborate with JHU/PCS, Intrah, and EngenderHealth
Zambia	Expanded Zambia WRA to include 26 organizations and all nine provinces MNH/Zambia materials used by SIDA to revise the registered midwifery curriculum MNH/Zambia materials used by WHO and General Nursing Council to develop inservice reproductive health training package MNH/Zambia materials used by University of Alabama in life-saving skills initiative in Lusaka district	Asked by GNC to strengthen the enrolled midwifery program Asked to implement initiative to expand use of active management of the third stage of labor	Standardized registered midwifery curriculum, strengthened three registered midwifery schools and their 14 associated clinical training sites Helped to change national malaria during pregnancy prevention and treatment guidelines Developed national clinical protocols in maternal and newborn care (still to be officially adopted)	Built capacity of GNC and WRA Collaborate with and provide technical resources to Zambia Integrated Health Project team, the Training in Reproductive Health Program, CDC, WHO, and SIDA With MNH Program assistance, ZWRASM has secured additional funding from UNFPA